

Disparities in Health Outcomes with Dialysis in the United States Vary by Race

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As a veteran and a black man with a history of ESKD at the age of 46 years old, I never thought that my illness and treatment would be analyzed in studies. And yet, on a hot summer day in Hampton, Virginia, while at the Veterans Medical Center Dialysis Unit in July 2008, I remember becoming a statistic in “Racial and Ethnic Variations in Mortality Rates for Patients Undergoing Maintenance Dialysis Treated in US Territories Compared with the US 50 States” (1).

Racial and ethnic groups (2), as well as the same groups living within various geographic locations (3) in the United States, are more likely than nonminority groups to develop kidney failure, often treated with dialysis (4). Since I started maintenance dialysis treatment in 2008, the rate of ESKD among both minority and nonminority groups has increased.

Based upon my observations, upon receiving medical care for 4.5 years of my life, I have witnessed an increase in the mortality rate among fellow veterans on dialysis. Many of my military buddies from Puerto Rico and the Hawaiian Islands have expressed to me, with sadness, their own stories of the many issues with receiving care and assistance in their territories for family members with kidney disease.

The disparity of medical coverage among United States territories is even greater than that found across the 50 states. Importantly, this disparity also includes adequate provision of the education and knowledge needed among patients to prevent, and slow down, the progression of kidney disease. The United States has five territories comprised of Puerto Rico, the US Virgin Islands, Guam, the Northern Malaga Islands, and American Samoa, with a disproportionately high rate of diabetes-related kidney failure. In Puerto Rico, Medicare assumes primary coverage in lieu of commercial insurers after only 3 months, rather than after 30 months as in the states. (5)

The strengths of the article include well informed information obtained from an abundance of resources, with knowledge and information to enhance public awareness. The statistics, charts, and graphics create a better understanding of the outcomes from many studies cited in the article. Nephrologists contribute a wealth of information that really indicates the research time put in to produce such an outstanding document.

After reviewing the article, from my perspective, I found no weaknesses. Public awareness around this topic is needed among patients, to better understand the critical

importance of gaining greater knowledge surrounding dialysis mortality rate disparities in United States territories compared with the 50 states. Further, the paper highlights a strong point: that trust among patients and providers is the key to improving future outcomes of dialysis treatments.

Disclosures

Mr. Briggs has nothing to disclose.

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See related article, “Racial and Ethnic Variations in Mortality Rates for Patients Undergoing Maintenance Dialysis Treated in US Territories Compared with the US 50 States,” on pages 101–108.

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